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Bib Data Sheet

CONFIRMATION NO. 3038

|  |   |  |                        |                                  |                          |   |                                 |  |                           |   |
|--|---|--|------------------------|----------------------------------|--------------------------|---|---------------------------------|--|---------------------------|---|
| SERIAL NUMBER<br>10/694,160  | FILING DATE<br>10/27/2003<br>RULE   | CLASS<br>029   | GROUP ART UNIT<br>3723 | ATTORNEY<br>DOCKET NO.<br>422-01 |                          |   |                                 |  |                           |   |
| <p><b>APPLICANTS</b></p> <p>David W. Cronk, Torrington, WY;</p> <p><b>** CONTINUING DATA *****</b><br/>   This appln claims benefit of 60/422,800 10/31/2002</p> <p><b>** FOREIGN APPLICATIONS *****</b></p> <p><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br/>   ** 01/26/2004</p> <table border="1"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> </tr> <tr> <td>Verified and Acknowledged</td> <td>Examiner's Signature _____ Initials _____</td> </tr> </table> <p>STATE OR<br/>COUNTRY<br/>WY</p> <p>SHEETS<br/>DRAWING 6</p> <p>TOTAL<br/>CLAIMS 7</p> <p>INDEPENDENT<br/>CLAIMS 2</p> |   |  |                        |                                  | Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged | Examiner's Signature _____ Initials _____ |
| Foreign Priority claimed   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   |  |                        |                                  |                          |   |                                 |  |                           |   |
| 35 USC 119 (a-d) conditions met  | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance  |  |                        |                                  |                          |   |                                 |  |                           |   |
| Verified and Acknowledged  | Examiner's Signature _____ Initials _____   |  |                        |                                  |                          |   |                                 |  |                           |   |
| <p><b>ADDRESS</b></p> <p>Dean P. Edmundson<br/>P.O. Box 179<br/>Burton, TX<br/>77835</p> <p><b>TITLE</b></p> <p>Lift tool</p>  |   |  |                        |                                  |                          |   |                                 |  |                           |   |
| FILING FEE<br>RECEIVED<br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                        |                                  |                          |   |                                 |  |                           |   |